AMENDMENT TRANSMITTAL LETTER						Docket No. 0465-1032P	
Application No. 10/670,274-Conf. #4902		Filing Date September 26, 2003		Examiner L. Bibbins		Art Unit 2627	
Applicant(s): Yor							
Invention: WRITE		CAL RECORDI		I AND DEFECT MAN REOF.	IAGEME	NT	
MS AF Commissioner for P.O. Box 1450 Alexandria, VA 22: Transmitted here The fee has beer	313-1450 with is an ame						
		CLAIM	S AS AMENI	DED			
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate			
Total Claims	54	- 54 =	0	x 52.00		0.00	
Independent Claims	5	- 5 = ·	0	x 220.00		0.00	
Multiple Depend	ient Claims (ch	eck if applicabl	e)				
Other fee (pleas	e specify):	· · · · · · · · · · · · · · · · · · ·					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:						0.00	
x Large Entity x No additional Please char A duplicate A check in the Payment by x The Director as described	al fee is require ge Deposit Accopy of this share amount of \$ credit card. For is hereby author below. A duping overpayment any additional fill author. 42,325 ART, KOLASC Se Road	d for this americant Noeet is enclosed orm PTO-2038 norized to charalicate copy of ht.	is enclosis attached. ge and credit this sheet is en processing.	Deposit Account No	•	-2448 -6 and 1.17.	
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